

CHARITY GAME TICKET FINANCIAL STATEMENT

PLEASE PRINT OR TYPE IN BLUE OR BLACK INK.

Organization Name					Event Date(s)	Organization ID Number	
A - !!!	Address	C:L			ZIP Code	Lisansa Nimikan	
Mailing Address City					ZIP Code	License Number	
L I C Y P S E	☐ Annual Charity Game Ticket	<u>Year</u> ☐ Oct Dec Due Jan. 10 ☐ Jan March Due April 10		☐ Special Charity Game Ticket ☐ Sold in conjunction with a Millionaire Party or Large Raffle License.			
		April - June	Due July 10		•		
		☐ July - Sept	Due Oct. 10	This statement must be filed by the 10th day of the month following the event.			
I N F I O R M A T I O N	Include only revenue and expenses directly related to the licensed gaming event.						
	Revenue: 1. Ticket Sales						
	Expenses: 2. Prizes.					.00	
						.00	
	4. Worker Compensation						
	5. License Fee						
						.00	
	7. Other Expenses					.00_	
	8. Total Expenses (add lines 2 - 7)						
	Net Profit / Loss (subtract line 8 from line 1)						
	Name of Bank(s) Where Proceeds Were Deposited						
OTHER INFORMAT	Account Number(s)			1	Fotal Deposits		
	As the principal officer for the organization, I hereby certify that the information on this financial statement is true, correct, and complete to the best of my knowledge; that the proceeds from the licensed gaming event are used in accordance with Section 9 of Act 382 of the Public Acts of 1972, as amended (Act); and that the licensed gaming event was conducted in accordance with the Act and the rules and directives of the Michigan Bureau of State Lottery.						
	Signature of Principal Officer			Da	ate		
	Print Name of Principal Officer			Title			
	Print Name of Person Completing Financial Statement						
I O N	Internal Revenue Service						

PLEASE MAKE A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS



COMPLETION: Required.
PENALTY: Failure to submit this form will prevent the issuance of future licenses.